



# **UNITED STATES MARINE CORPS**

## **PRIVACY ACT SYSTEM OF RECORDS TRAINING**

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This certifies that I have completed the annual training for USMC Privacy Act Systems of Records Managers and that I understand those roles and responsibilities.

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(COMPLETION DATE)

\_\_\_\_\_  
(TITLE)

(This completion certificate is to be provided to your command Privacy Act Coordinator)